

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

10/595686

Filing Date

Application

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51			51		51	
2							52			52		52	
3							53			53		53	
4							54			54		54	
5							55			55		55	
6							56			56		56	
7							57			57		57	
8							58			58		58	
9							59			59		59	
10							60			60		60	
11							61			61		61	
12							62			62		62	
13							63			63		63	
14							64			64		64	
15							65			65		65	
16							66			66		66	
17							67			67		67	
18							68			68		68	
19							69			69		69	
20							70			70		70	
21							71			71		71	
22							72			72		72	
23							73			73		73	
24							74			74		74	
25							75			75		75	
26							76			76		76	
27							77			77		77	
28							78			78		78	
29							79			79		79	
30							80			80		80	
31							81			81		81	
32							82			82		82	
33							83			83		83	
34							84			84		84	
35							85			85		85	
36							86			86		86	
37							87			87		87	
38							88			88		88	
39							89			89		89	
40							90			90		90	
41							91			91		91	
42							92			92		92	
43							93			93		93	
44							94			94		94	
45							95			95		95	
46							96			96		96	
47							97			97		97	
48							98			98		98	
49							99			99		99	
50							100			100		100	
TOTAL 200			2	2									
TOTAL DEP.			5	5									
TOTAL CLAIMS			7	7									